

Revision: HCFA-PM-95-4 (HSQB)
JUNE 1995

Attachment 4.35-B

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Virgin Islands

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Termination of Provider Agreement: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

(Will use the criteria and
notice requirements specified
in the regulation.)

TN No. 96-2

Supersedes

TN No.

New

Approval Date: NOV 12 1996

Effective Date: OCT - 1 1996

Revision: HCFA-PM-90- 2 (BPD)
JANUARY 1990

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OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Territory of the Virgin Islands

ALTERNATIVE REMEDIES TO SPECIFIED REMEDIES FOR
SKILLED NURSING AND INTERMEDIATE
CARE FACILITIES

*Services are not currently available in the Virgin Islands. When and
if these services become available, we will comply with the law.*

TN No. 90-1
Supersedes
TN No. NEW

Approval Date MAY 21 1990

Effective Date MAY 04 1990

HCFA ID: 1080P/0019P